

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 123

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Susan Brooks

Full Name (Last, First, Middle Initial)

A. Scalise for CongressMailing Address 2900 Clearview Parkway
Suite 206City State Zip Code
Metairie LA 70006-6532Purpose of Disbursement
InKind - hotel

002

Category/
Type

Candidate Name

Scalise for Congress

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	26	2015

Amount of Each Disbursement this Period

436.90

Transaction ID : B923C1D392E75415AB8D

B. Hotel Monteleone

Mailing Address 214 Royal Street

City State Zip Code
New Orleans LA 70130-2227Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	26	2015

Amount of Each Disbursement this Period

436.90

Transaction ID : M923C1D392E75415AB8D

[MEMO ITEM]

c. Scalise for CongressMailing Address 2900 Clearview Parkway
Suite 206City State Zip Code
Metairie LA 70006-6532Purpose of Disbursement
InKind-cab fare

002

Category/
Type

Candidate Name

Scalise for Congress

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	23	2015

Amount of Each Disbursement this Period

39.60

Transaction ID : B4C064DE2116E4948BB8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

476.50